

§410.163

first 3 units, to the extent that those units are not replaced.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 56 FR 8852, Mar. 1, 1991; 58 FR 30668, May 26, 1993]

§410.163 Payment for services furnished to kidney donors.

Notwithstanding any other provisions of this chapter, there are no deductible or coinsurance requirements with respect to services furnished to an individual who donates a kidney for transplant surgery.

§410.165 Payment for rural health clinic services and ambulatory surgical center services: Conditions.

(a) Medicare Part B pays for covered rural health clinic and Federally qualified health center services if—

(1) The services are furnished in accordance with the requirements of subpart X of part 405 of this chapter and subpart A of part 491 of this chapter; and

(2) The clinic or center files a written request for payment on the form and in the manner prescribed by CMS.

(b) Medicare Part B pays for covered ambulatory surgical center (ASC) services if—

(1) The services are furnished in accordance with the requirements of part 416 of this chapter; and

(2) The ASC files a written request for payment on the form and in the manner prescribed by CMS.

[51 FR 41339, Nov. 14, 1986, as amended at 57 FR 24981, June 12, 1992]

§410.170 Payment for home health services, for medical and other health services furnished by a provider or an approved ESRD facility, and for comprehensive outpatient rehabilitation facility (CORF) services: Conditions.

Payment under Medicare Part B, for home health services, for medical and other health services, or for CORF services, may be made to the provider or facility only if the following conditions are met:

(a) *Request for payment.* A written request for payment is filed by or on behalf of the individual to whom the services were furnished.

42 CFR Ch. IV (10–1–14 Edition)

(b) *Physician certification.* (1) For home health services, a physician provides certification and recertification in accordance with §424.22 of this chapter.

(2) For medical and other health services, a physician provides certification and recertification in accordance with §424.24 of this chapter.

(3) For CORF services, a physician provides certification and recertification in accordance with §424.27 of this chapter.

(c) In the case of home dialysis support services described in §410.52, the services are furnished in accordance with a written plan prepared and periodically reviewed by a team that includes the patient's physician and other professionals familiar with the patient's condition as required by §494.90 of this chapter.

[51 FR 41339, Nov. 14, 1986, as amended at 53 FR 6648, Mar. 2, 1988; 73 FR 20474, Apr. 15, 2008]

§410.172 Payment for partial hospitalization services in CMHCs: Conditions.

Medicare Part B pays for partial hospitalization services furnished in a CMHC on behalf of an individual only if the following conditions are met:

(a) The CMHC files a written request for payment on the CMS form 1450 and in the manner prescribed by CMS; and

(b) The services are furnished in accordance with the requirements described in §410.110.

[59 FR 6578, Feb. 11, 1994]

§410.175 Alien absent from the United States.

(a) Medicare does not pay Part B benefits for services furnished to an individual who is not a citizen or a national of the United States if those services are furnished in any month for which the individual is not paid monthly social security cash benefits (or would not be paid if he or she were entitled to those benefits) because he or she has been outside the United States continuously for 6 full calendar months.

(b) Payment of benefits resumes with services furnished during the first full

calendar month the alien is back in the United States.

[53 FR 6634, Mar. 2, 1988]

PART 411—EXCLUSIONS FROM MEDICARE AND LIMITATIONS ON MEDICARE PAYMENT

Subpart A—General Exclusions and Exclusion of Particular Services

Sec.

- 411.1 Basis and scope.
- 411.2 Conclusive effect of QIO determinations on payment of claims.
- 411.4 Services for which neither the beneficiary nor any other person is legally obligated to pay.
- 411.6 Services furnished by a Federal provider of services or other Federal agency.
- 411.7 Services that must be furnished at public expense under a Federal law or Federal Government contract.
- 411.8 Services paid for by a Government entity.
- 411.9 Services furnished outside the United States.
- 411.10 Services required as a result of war.
- 411.12 Charges imposed by an immediate relative or member of the beneficiary's household.
- 411.15 Particular services excluded from coverage.

Subpart B—Insurance Coverage That Limits Medicare Payment: General Provisions

- 411.20 Basis and scope.
- 411.21 Definitions.
- 411.22 Reimbursement obligations of primary payers and entities that received payment from primary payers.
- 411.23 Beneficiary's cooperation.
- 411.24 Recovery of conditional payments.
- 411.25 Primary payer's notice of primary payment responsibility.
- 411.26 Subrogation and right to intervene.
- 411.28 Waiver of recovery and compromise of claims.
- 411.30 Effect of primary payment on benefit utilization and deductibles.
- 411.31 Authority to bill primary payers for full charges.
- 411.32 Basis for Medicare secondary payments.
- 411.33 Amount of Medicare secondary payment.
- 411.35 Limitations on charges to a beneficiary or other party when a workers' compensation plan, a no-fault insurer, or an employer group health plan is primary payer.
- 411.37 Amount of Medicare recovery when a primary payment is made as a result of a judgment or settlement.

- 411.39 Automobile and liability insurance (including self-insurance), no-fault insurance, and workers' compensation: Final conditional payment amounts via Web portal.

Subpart C—Limitations on Medicare Payment for Services Covered Under Workers' Compensation

- 411.40 General provisions.
- 411.43 Beneficiary's responsibility with respect to workers' compensation.
- 411.45 Basis for conditional Medicare payment in workers' compensation cases.
- 411.46 Lump-sum payments.
- 411.47 Apportionment of a lump-sum compromise settlement of a workers' compensation claim.

Subpart D—Limitations on Medicare Payment for Services Covered Under Liability or No-Fault Insurance

- 411.50 General provisions.
- 411.51 Beneficiary's responsibility with respect to no-fault insurance.
- 411.52 Basis for conditional Medicare payment in liability cases.
- 411.53 Basis for conditional Medicare payment in no-fault cases.
- 411.54 Limitation on charges when a beneficiary has received a liability insurance payment or has a claim pending against a liability insurer.

Subpart E—Limitations on Payment for Services Covered Under Group Health Plans: General Provisions

- 411.100 Basis and scope.
- 411.101 Definitions.
- 411.102 Basic prohibitions and requirements.
- 411.103 Prohibition against financial and other incentives.
- 411.104 Current employment status.
- 411.106 Aggregation rules.
- 411.108 Taking into account entitlement to Medicare.
- 411.110 Basis for determination of non-conformance.
- 411.112 Documentation of conformance.
- 411.114 Determination of nonconformance.
- 411.115 Notice of determination of non-conformance.
- 411.120 Appeals.
- 411.121 Hearing procedures.
- 411.122 Hearing officer's decision.
- 411.124 Administrator's review of hearing decision.
- 411.126 Reopening of determinations and decisions.